

CHUBB

Western Claim Service Center  
2155 W. Pinnacle Peak Road  
Phoenix, AZ 85027

Mailing Address  
P.O. Box 42065  
Phoenix, AZ 85080  
O (800) 262-4459  
F (800) 664-1765

December 20, 2019

Farber & Co  
333 Hegenberger Road, Suite 504  
Oakland, CA 94621

Christian Charles Colantoni  
Colantoni, Collins, Marren, Phillips and Tulk  
201 Spear Street  
Suite 1100  
San Francisco, CA 94105

RECEIVED  
DEC 23 2019  
Pacific Workers'

Re: Employee: Jonathan Shockley  
Employer: Biotelemetry Inc  
Date of Injury: 2/15/2019  
Claim Number: 040519008736  
Policy Number: 000071738154 / 000090  
Writing Company: Chubb Indemnity Insurance Company

In accordance with the Rules of Practice and Procedures of the Workers' Compensation Appeals Board, we submit the following:

\_\_\_\_\_ Duly executed Compromise & Release Agreement for your approval.

\_\_\_\_\_ Stipulations with Request for Award.

\_\_\_\_\_ Declaration of Readiness to Proceed.

\_\_\_\_\_ Answer.

\_\_\_\_\_ Other:

X \_\_\_\_\_ Medicals as follows: All Medicals received from to :10/21/19 to 12/20/19

Patrick Lang, MD-dated-03/05/19, 04/17/19,04/26/19, 05/03/19 05/14/19

Babak J. Jamasbi, MD-dated-10/21/19, 10/29/19, 11/26/19, 12/02/19

Andreas Schwerte, OMD., Lac-dated-11/05/19

Golden Gate Hand Therapy-dated-03/1/19, 03/20/19, 03/25/19, 03/27/19, 04/01/19, 04/08/19, 04/10/19  
04/15/19, 04/17/19, 04/24/19, 05/15/19, 05/22/19, 05/29/19, 06/05/19

Very truly yours,

*Mario Castro*  
Claims Examiner

**PROOF OF SERVICE  
1013A (3) CCP**

**STATE OF CALIFORNIA, COUNTY OF**

I am employed in the County of Contra Costa, State of California. I am over the age of 18 and not a party to the within action. My business address is PO Box 42065, Phoenix, AZ 85080.

On December 20, 2019 I served the foregoing document described as medical reports , on the interested parties in this action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at San Ramon, California addressed as follows:

Farber & Co  
333 Hegenberger Road, Suite 504  
Oakland, CA 94621

Christian Charles Colantoni  
Colantoni, Collins, Marren, Phillips and Tulk  
201 Spear Street  
Suite 1100  
San Francisco, CA 94105

Executed on December 20, 2019 , in San Ramon, California.

I declare under penalty of perjury, under the laws of the State of California that the above is true and correct.

Pamela M. Allen  
Signature

Pamela M. Allen  
Typed or Printed Name

# The Hand Center of San Francisco, Inc

**Kyle D Bickel, MD**

**Patrick O Lang, MD**

Hand and Wrist Surgery

Upper Extremity Reconstruction

Microsurgery

Reconstructive Surgery

May 28, 2019

Chubb/We  
P.O. Box 42065  
Phoenix, AZ 85080

RE: Jonathan Shockley  
Employer: Biotelemetry  
DOI: 06/25/2018  
Claim #: 040519008736

## TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT/PR3

Dear Ladies and Gentlemen:

This patient has been under my care for treatment of his bilateral upper extremity repetitive strain injury.

**HISTORY OF INJURY** This patient is a 40-year-old right-hand-dominant EKG technician who was referred to my office with bilateral upper extremity pain. His symptoms arose in the setting of his work as an EKG technician. His job is a quota-based position that requires him to analyze large numbers of EKG reports on a computer monitor. This involves extensive mouse clicking in a repetitive fashion. In the course of his work, he developed a diffuse of bilateral hand and forearm pain.

**TREATMENT RENDERED** This has been managed conservatively with work restrictions and occupational hand therapy. In addition, he is undergone a formal ergonomics evaluation of his computer work station.

**CURRENT STATUS** Unchanged.

**CURRENT SUBJECTIVE COMPLAINTS** The patient continues to report vague bilateral hand and wrist and forearm pain. He has been off work for several weeks now but the symptoms are persistent. He reports that he was talking on the phone just a few days ago and had a significant exacerbation of his right wrist and forearm pain from simply holding a phone.

**Patient Name** Jonathan Shockley

**Date of Visit** 2019-05-28

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**PHYSICAL EXAM** Physical exam continues to be within normal limits. Tinel's sign in the ulnar nerve at the elbow is negative bilaterally. Forearm compartments are soft and nontender to palpation bilaterally. Finkelstein's test is negative at the wrist bilaterally. Wrist range of motion and digital range of motion are normal bilaterally. Carpal tunnel compression test is negative bilaterally. Sensation is grossly intact distally bilaterally.

**IMPRESSION** 40-year-old man with bilateral upper extremity repetitive strain injury. I had a lengthy discussion with the patient today regarding his current status. Unfortunately, I have no additional treatment to offer him. His symptoms are classic for repetitive strain injury and are clearly related to the nature of his work as a reviewer of EKGs. This job requires very high-volume and repetitive use of a mouse and keyboard. I told him that the prognosis for these sorts of repetitive pain symptoms is highly variable. My suspicion is that the symptoms will eventually resolve. The timeline is not clear. He is emphatic about being unable to use a computer as any minor use of the computer causes flares in his symptoms. I therefore recommended that we designate him Permanent and Stationary status with the permanent work restriction of no computer use. He understands that this will likely have implications for his employment.

**TREATMENT/FUTURE MEDICAL** None needed.

**WORK STATUS** Modified duty with no use of the computer.

**FOLLOW UP** None needed.

Thank you again for your referral. Please let me know if I can be of any further help.

Sincerely,

Patrick O Lang, M.D.

Cal Lic # A106890

POL/ki

SIGNED ELECTRONICALLY BY PATRICK O LANG, MD

Executed at San Francisco, CA. Date: 5/29/2019 9:42:41 AM

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated California Labor Code 139.3



**Pain & Rehabilitative**  
**CONSULTANTS MEDICAL GROUP**

**BABAK J JAMASBI, MD, FACPM**  
Board Certified Pain Medicine & Anesthesiology, QME

**BRENDAN P MORLEY, MD, FACPM**  
Board Certified Pain Medicine & Anesthesiology, QME

**TIMOTHY S LO, MD, MPH**  
Board Certified in Neurology, Pain Medicine, Medical  
Acupuncture, QME, Electrodiagnostic Medicine

**ARZHANG ZERESHKI, MD**  
Board Certified in Pain Medicine, Physical Medicine &  
Rehabilitation, QME

**NEIL KAMDAR, MD**  
Board Certified Pain Medicine & Anesthesiology

**JOHN ALCHEMY, MD, DABFP, QME**  
Board Certified in Family Medicine

**CALLUM EASTWOOD, PSY.D.**  
Senior Director of Behavioral Medicine

**MARIEL BARCEBAL, PSY.D.**  
Clinical Psychologist

**GABRIELLE REIMAN, PSY.D.**  
Clinical Psychologist

**KATHERINE KIMSEY, MFT, EdD**  
Clinical Psychologist

**MARK PHILLIPS, PA**  
Physician Assistant

**SUSIE PAIK, PA-C**  
Physician Assistant

**DONNY CHO, PA-C**  
Physician Assistant

**JULIA FELLOWS, PA-C**  
Physician Assistant

**THRISHA KASHINATH, PA-C**  
Physician Assistant

**ROBERT ESTIS, PA**  
Physician Assistant

**JESSICA AIKIN, PA-C**  
Physician Assistant

**MARIA CUTLER, DC**  
Chiropractor

**Reply To:**

**EMERYVILLE OFFICE**

**1335 STANFORD AVENUE**

**EMERYVILLE, CA 94608**

**(P) 510-647-5101 -- (F) 510-647-5105**

**Other Offices:**

**CASTRO VALLEY**

**SAN FRANCISCO**

**WALNUT CREEK**

**ROHNERT PARK**

**MANTECA**

**INITIAL EVALUATION**

**RE: Shockley, Jonathan**

**DOB: 09/27/1978**

**DOI: 02/15/19**

**EMPLOYER: Biotelemetry, Inc.**

**INSURANCE: Chubb**

**CL#: 040519008736**

**DATE OF SERVICE: 10/21/19**

**INTRODUCTION**

I have evaluated Mr. Shockley in my Emeryville office on 10/21/19 in consultation. After reviewing his records I have accepted him as a patient. The patient has also selected me to be his primary treating physician.

**HISTORY OF PRESENT ILLNESS**

The patient is a 41-year-old right-handed man who was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left. His left developed pain problems. He initially had pain around the wrist area. The pain has gradually traveled up the arm towards the neck. He also has occasional hand pain.

**CURRENT COMPLAINTS**

The pain is constant at low level, exacerbated by hand activity. The pain wakes him up at night. When he does not do anything, his hand does not hurt. The pain increases with activity, especially computer work, cellphone use, and writing. Inactivity, Advil, deep massage makes the pain better.

He denies any numbness and tingling.

**ACTIVITIES OF DAILY LIVING**

He is uncomfortable looking after himself performing self-care activities and is slow and careful in doing so. He can lift and carry heavy objects, but gets extra discomfort in doing so. He is able to walk the same distance as before his injury. He can do heavy activity for at least 2 minutes. He can climb 1 flight of stairs without difficulty. He can sit for 30 minutes to 1 hour without difficulty. He can sit for 2 hours without difficulty. He can stand or walk for 2 hours without difficulty. He has some difficulty reaching and grasping things at eye level. He

## INITIAL EVALUATION

RE: Shookley, Jonathan

DATE OF SERVICE: 10/21/19

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has some difficulty reaching and grasping things overhead. He has some difficulty with pushing or pulling activities. He has a lot of difficulty gripping, grasping, holding and manipulating objects using his hands. He has a lot of difficulty with repetitive motions such as typing on a computer. He has a lot of difficulty with forceful activities using his hands. He can kneel, bend or squat without difficulty. His sleep is moderately disturbed 2 to 3 hours nightly since his injury. His sexual activity is a little less frequent because of his injury. At this moment, his pain is moderate. His pain is moderate most of the time. His pain interferes with his ability to travel and engage in social activities some of the time. His pain interferes with his ability to engage in recreational activities most of the time. His pain interferes with his ability to concentrate and think some of the time. He has moderate depression or anxiety from his injury and discomfort most of the time.

## REVIEW OF SYMPTOMS

Patient states they are currently experiencing:

Pain in neck  
Anxiety

Chills  
Fever  
Night sweats  
Severe fatigue  
Dizziness  
Headaches  
Wears Contacts  
Wears glasses  
Blurry vision  
Double vision  
Lumps in neck  
Difficulty breathing  
Cough  
Coughing up blood  
Wheezing  
Difficulty breathing lying flat  
Fainting  
Abnormal heartbeat  
Chest pain  
Constipation  
Heartburn  
Nausea

Patient states they are not currently experiencing:

Abdominal pain  
Black tarry stools  
Throwing up blood  
Urinary incontinence  
Blood in urine  
Difficulty urinating  
Painful urination  
Itching of skin  
Rash  
Yellowing of skin  
Balance problems  
Poor concentration  
Memory loss  
Numbness  
Seizures  
Tremors  
Weakness  
Excessive bleeding  
Blood clots  
Depression  
Hallucinations  
Suicidal thoughts

## PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.

INITIAL EVALUATION  
RE: Shockley, Jonathan  
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4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

#### PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

#### FAMILY HISTORY

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

#### PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

#### PSYCHOLOGICAL TESTING

The patient was administered psychological testing (PHQ-SADS). This test is a screening test for anxiety, depression and the impact of somatic symptoms. The purpose of the test is to screen patients for psychological aspect of chronic pain to help the clinician incorporate additional

#### INITIAL EVALUATION

RE: Shockley, Jonathan

DATE OF SERVICE: 10/21/19

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adjunctive treatment. Provision of adjunctive psychotherapy can have a significant impact on efficacy of medical treatment.

#### SOMATIC (PHQ-15)

The patient has a somatic (PHQ-15) score of 5, which indicates he is mildly bothered by somatic issues.

#### ANXIETY (GAD-7)

The patient's anxiety (GAD-7) score is 5, which indicates he is experiencing mild anxiety.

#### PANIC ATTACKS

He does not experience panic attacks.

#### DEPRESSION (PHQ-9)

The patient's depression (PHQ-9) score is 1, which indicates he is experiencing minimal depression.

#### FUNCTIONAL DIFFICULTIES

The patient's functional difficulties are 4, which indicate his functions are extremely difficult.

The purpose of the psychological testing is to determine if there are any psychological factors that will affect the patient's progress with medical treatment. The testing is also used to determine whether the patient needs a formal psychological evaluation or any psychological treatment as an adjunct to the medical treatment.

Based on my clinical assessment of the patient and the psychological testing, I believe that this patient would be a candidate for an initial evaluation at a CARF-certified functional restoration program once the patient has exhausted medical and surgical treatment.

#### OPIOID RISK TOOL

Family History of Substance Abuse	√	Score for Female	Score for Male
Alcohol		1	3
Illegal Drugs		2	3
Prescription Drugs		4	4

Personal History of Substance Abuse	√	Score for Female	Score for Male
Alcohol		3	3
Illegal Drugs		4	4
Prescription Drugs		5	5



Age (Mark if 16-45)	√	Score for Female	Score for Male
	√	1	1

History of Preadolescent Sexual Abuse	√	Score for Female	Score for Male
		3	0

Psychological Disease	√	Score for Female	Score for Male
Attention Deficit Disorder		2	2
Obsessive Compulsive Disorder		2	2
Bipolar Schizophrenia		2	2
Depression		1	1

Total	Low Risk 0-3	Moderate Risk 4-7	High Risk ≥8
1	1		

### OCCUPATIONAL HISTORY

The patient was working for Biotelemetry, Inc. at the time of the injury.  
 He is not currently working.

The patient last worked on 02/15/19.

He had worked at Biotelemetry, Inc. for 8 months prior to injury.

He had worked for the following companies prior to this injury:

1. SF Ballet
2. Tulsa Ballet
3. Boston Ballet
4. Biotelemetry, Inc./Lifewatch

His job duties at the time of injury were processing and editing EKGs from cardiac devices, answering calls regarding same

He does have prior work injuries:

1. 1997 left ankle sprain, different employer, resolved
2. 1998, all toes, different employer, resolved
3. 2000, right big toe bone spur, different employer, resolved
4. 2001 right chronic Achilles tendinitis, different employer, settled

He does not have prior motor vehicle accidents.

He does not have prior non-motor vehicle accidents.

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RE: Shockley, Jonathan  
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**MILITARY SERVICE**

The patient has not served in the military.

**MEDICATIONS**

1. Aspirin
2. Advil

**ALLERGIES**

No known drug allergies

**PHYSICAL EXAMINATION**

The patient is a well-developed, well-nourished man who did not appear to be in any acute distress.

Height: 6' 0"  
Weight: 165 LBS.

**Spine:** There was discomfort with lateral tilt of the cervical spine. Loading of the cervical facets were not tender.

Range of motion of the cervical spine:

Range of Motion of the Cervical spine	Normal/Reduced by %
Flexion	NL
Extension	NL
Lateral tilt to the Right	15%
Lateral tilt to the Left	25%
Rotation to the Right	NL
Rotation to the Left	NL

**Musculoskeletal:** There were no impingement signs in the shoulders. There was no lateral or medial epicondylar pain. Finkelstein's were negative bilaterally. Palpation of the volar aspect of the wrists were tender bilaterally.

Range of motion of the shoulder:

	Right (Normal/Reduced by %)	Left (Normal/Reduced by %)
Flexion	NL	NL
Extension	NL	NL
Abduction	NL	NL
Adduction	NL	NL
External rotation	NL	NL
Internal rotation	NL	NL

INITIAL EVALUATION  
 RE: Shockley, Jonathan  
 DATE OF SERVICE: 10/21/19  
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Range of motion of the elbow:

	Right (Normal/Reduced by %)	Left (Normal/Reduced by %)
Flexion	NL	NL
Extension	NL	NL

Range of motion of the wrist:

	Right (Normal/Reduced by %)	Left (Normal/Reduced by %)
Flexion	NL	NL
Extension	NL	NL
Ulnar Deviation	NL	NL
Radial Deviation	NL	NL

Neurologic: The patient is alert and oriented x3. He walks with a normal gait.

Reflexes:

	Right	Left
Biceps	2/4	2/4
Triceps	2/4	2/4
Brachioradialis	2/4	2/4

Sensory examination of the upper extremities:

Upper Extremity Sensory Examination	Right	Left
C4	NL	NL
C5	NL	NL
C6	NL	NL
C7	NL	NL
C8	NL	NL
T1	NL	NL
T2	NL	NL

- ☐ D- Diminished to a pinprick  
☐ NL- Normal

Motor examination of the shoulders:

Motor examination of the shoulders	Right	Left
Flexion	NL	NL
Abduction	NL	NL
Adduction	NL	NL
Internal Rotation	NL	NL
External Rotation	NL	NL
Extension	NL	NL

INITIAL EVALUATION  
RE: Shockley, Jonathan  
DATE OF SERVICE: 10/21/19  
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Motor examination of the elbows:

Motor examination of the elbows	Right	Left
Flexion	NL	NL
Extension	NL	NL

Grip: Grip strength was normal and symmetrical.

### SPECIAL TESTING

I have conducted a urine tox screen, which was negative for any illicit drugs or any prescribed scheduled drugs. I am not planning to prescribe him any controlled substances and further confirmation of this test is not indicated.

### DIAGNOSIS

1. Cumulative trauma injury to both upper extremities.

### DISCUSSION

This gentleman has had cumulative trauma injury to both upper extremities. The pain initially started in the right wrist. The pain gradually started traveling up the arm up to the level of the shoulder. The left hand became painful around the same area/wrist. This was as a compensation for the right. The pain on the left also radiates up to the shoulder.

Upon examination, he had normal range of motion in all the joints of his upper extremities. There was no evidence of a neurological deficit. I believe this gentleman does have cumulative trauma injury, which is brought on by activity. He has not worked now for a while and his symptoms are better during the examination.

I recommend 12 sessions of acupuncture and 12 sessions of soft tissue mobilization/massage therapy.

If he does not respond to conservative measures, an evaluation at a CARF-certified functional restoration program would be indicated.

I will see him back in 4 weeks in follow up.

### **Work Restrictions:**

Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

### WORK STATUS

The patient is not permanent and stationary.

INITIAL EVALUATION

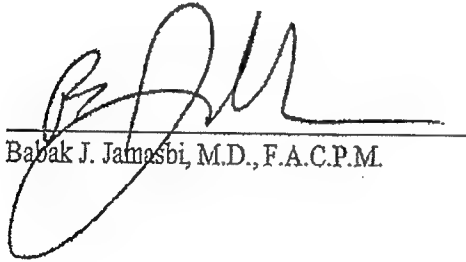
RE: Shockley, Jonathan

DATE OF SERVICE: 10/21/19

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*"I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to be the best of my knowledge and beliefs, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true."*

*"I further declare that I have not violated labor code section 139.3 and have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation."*



Babak J. Jamasbi, M.D., F.A.C.P.M.

CC:

Mario Castro, Claims Adjuster

Fax #: 800-664-1765

Zachary Kwellner, Attorney-At-Law

Fax #: 866-819-6169



## Pain & Rehabilitative CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD  
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

### Visit Note - SF (San Francisco) Appointment

**Provider:**

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Nov 22, 2019

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year 1 Month 3 Week

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):  
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

**VISIT TYPE:**

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:**

Mr. Shockley came to our office today for a follow-up visit.

**SUBJECTIVE COMPLAINTS:**

Patient is here to follow up on pain in his bilateral hands.

He continues to report bilateral hand pain, right greater than left. Occasionally pain radiates up his arms towards his neck. Pain is worse with repetitive use of his upper extremities, excessive

typing or computer work. Pain is better with conservative treatment.

He reports having a pain flair with the use of massage therapy, this dramatically increased his pain.

He also has been going to acupuncture treatment. This does help with his pain.

With regard to medication, he does take Advil as needed for pain.

**ROS:**

**Constitutional:**

Patient denies chills, fever, night sweats, or severe fatigue.

**Head:**

Patient denies dizziness or headaches.

**Eyes:**

Patient denies wearing corrective lenses, blurry vision, or double vision.

**Neck:**

Patient complains of pain but denies lumps in his neck.

**Respiratory:**

Patient denies difficulty breathing, cough, coughing up blood, or wheezing.

**Cardiovascular:**

Patient denies difficulty breathing while lying flat, fainting, abnormal heartbeat, or chest pain.

**Gastrointestinal:**

Patient denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood.

**Genitourinary:**

Patient denies urinary incontinence, blood in urine, difficulty urinating, or painful urination.

**Skin:**

Patient denies itching of skin, rash, or yellowing of skin.

**Neurologic:**

Patient denies balance problems, poor concentration, memory loss, numbness, seizures, tremors, or weakness.

**Hematologic:**

Patient denies excessive bleeding or blood clots.

**Psychiatric:**

Patient complains of anxiety but denies depression, hallucinations and suicidal thoughts.

I have reviewed the review of systems with the patient and it is accurate as listed.

**OBJECTIVE FINDINGS:**

**Constitutional - General Appearance:**

Patient is near ideal body weight and is well groomed.

**Orientation:**

Patient is alert and oriented x3.

**Mood and Affect:**

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

**Gait and Station:**

No abnormalities observed.

**Musculoskeletal - Strength:**

RUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

LUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

**Skin:**

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

**Current Medications:**

1. Advil (OTC)

2. Aspirin Ec 81 Mg Tablet (OTC)

**FORMAL REQUEST FOR AUTHORIZATION:**

6 sessions of acupuncture 97813, 97814, 97026, 97124 Hand Bilateral Hands.

**DIAGNOSIS:**

Z79.899 Other long term (current) drug therapy

**PRESCRIPTION:**

**1 Voltaren 1% Gel** SIG: Apply to affected area daily QTY: 1.00.

**TREATMENT PLAN:**

Assessment:

during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.



Plan:

- He will continue with acupuncture treatment, he has approximately 7 appointments remaining. Before acupuncture treatment his pain is a an 4-6/10, this will decrease down to approximately down to a 2-3/10, this allows him to use his hands more. We will request for 6 additional sessions so he can continue this.
- Ok to discontinue massage therapy, TENS dramatically increased his pain.
- If he does not respond to conservative measures, an evaluation at the Northern California functional restoration program would be indicated.
- Voltaren gel prescribed today.
- He is scheduled for QME on Jan 23, 2020.

**Follow up in 4 weeks.**

**WORK STATUS:**

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

**TIME SPENT:**

"I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

\*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

CC:

Kweller, Esq., Zachary : 12/02/2019

Castro, Mario : 12/02/2019

UR, Chubb : 12/02/2019

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 11/26/2019

# Andreas Schwerte, O.M.D., L.Ac.

300 Montgomery Street, Suite 204 San Francisco, CA 94104  
Phone (415) 434-1530 Fax (415) 434-1533

## SOAP Notes

PATIENT: SHOCKLEY, JONATHAN  
DATE OF ONSET: 2/15/19  
DOB: 9/27/1978  
CLAIM#: 040519008736  
DATE OF VISIT: 11/5/2019

### SUBJECTIVE COMPLAINTS

COMPLAINT 1: Right & left wrist-, forearm-, and elbow-pain. Pain is constant, of sharp, aching quality, up to a 9-10 (0-10) depending on the day and activity level. There is associated numbness and paresthesia in the hand and wrist. Pain and associated symptoms are aggravated by work.

#### Elbow-ROM:

- Flexion: nl
- Extension: nl
- Supination: nl
- Pronation: nl

### ASSESSMENT

- Wrist-, Hand-, and Elbow Pain
- Lateral Epicondylitis
- Myofascial Pain Syndrome

Prognosis: The patient is in significant discomfort limiting his ability to work and impeding on his quality of life. It seems that there is acute, severe muscle tightness/shortness causing his musculoskeletal pain and associated symptoms. The care he is receiving is reasonable and necessary.

#### Diagnosis:

- Lateral Epicondylitis

### CURRENT PLAN

Recommended Treatments: Electro-Acupuncture, Myofascial Release, Heat/Cold Therapy.  
Treatment twice weekly for two weeks followed by re-eval.

#### PROCEDURES:

99203, 97813, 97814, 97140, 97110

## The Hand Center of San Francisco, Inc

**Kyle D Bickel, MD**

**Patrick O Lang, MD**

Hand and Wrist Surgery

Upper Extremity Reconstruction

Microsurgery

Reconstructive Surgery

2019-03-01

Chubb/Wc  
Po Box 42065  
Phoenix, AZ 85080

RE: Jonathan Shockley  
Employer: Biotelemetry  
DOI: 02/16/2019  
Claim #: 7173815490

### HAND SURGERY CONSULTATION

Dear Ladies and Gentlemen:

I saw this patient today for evaluation of his bilateral hand, wrist, and forearm pain. Thank you for the referral.

**HISTORY OF INJURY** This patient is a 40-year-old right-hand-dominant electrocardiogram technician who reports a several month history of worsening bilateral hand, wrist, and forearm pain. He reports that his job requires very intense and prolonged use of a computer and mouse. The symptoms arose in the setting of at work. He does not recall any other specific history of trauma.

**CURRENT SUBJECTIVE COMPLAINTS** The patient reports vague and diffuse bilateral hand, wrist, and forearm pain.

**PREVIOUS WORK/INJURY HISTORY** The patient reports a prior Achilles tendon injury.

**PAST MEDICAL HISTORY** Patient denies any significant past medical history. Surgical history includes removal of a bone spur from the foot and two prior Achilles tendon operations. Medications include aspirin and Advil as needed. He has no known drug allergies.

**SOCIAL HISTORY** The patient works as an electrocardiogram technician but does extensive data analysis on a computer. He previously worked as a ballet dancer. He does not smoke. He does not drink alcohol.

**Patient Name** Shockley, Jonathan

**Date of Visit** 2019-03-01

Page 2 of 2

**PHYSICAL EXAM** Vital signs SPO2 100%, blood pressure 116/59, heart rate 61, respiratory 12, temperature 96.7.

Examination of the bilateral upper extremities reveals no deformity. Tinel's sign in the ulnar nerve at the elbow is negative bilaterally. Forearm compartments are soft and nontender to palpation bilaterally. Finkelstein's test is negative bilaterally. Watson's test is negative bilaterally. Wrist and digital range of motion are normal bilaterally. There is no A1 pulley tenderness or triggering throughout either hand. Sensation is grossly intact distally bilaterally.

**IMPRESSION** 40-year-old man with bilateral upper extremity repetitive strain injury.

**TREATMENT RECOMMENDATIONS** I had a lengthy discussion with the patient regarding his diagnosis of repetitive strain injury. The symptoms are undoubtedly related to his work on a computer. I recommended he begin working with an occupational hand therapist on a repetitive strain protocol. I also talked with him about optimizing his computer workstation ergonomics and using dictation software as much as possible. All questions are answered. I can see him back in 6-8 weeks to reassess his symptoms.

Thank you again for the referral. Please let me know if I can be of any further help.

Sincerely,

Patrick O Lang, M.D.

Cal Lic #A106890

POL/ja

ELECTRONICALLY SIGNED BY PATRICK O LANG, MD

Executed at San Francisco, CA. Date: 3/5/2019 6:42:42 AM

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated California Labor Code 139.3

RECEIVED BY COURIER ON 2019-04-16 10:12:13 CLEVELAND TIME

**The Hand Center of San Francisco, Inc**

**Kyle D Bickel, MD**

**Patrick O Lang, MD**

Hand and Wrist Surgery

Upper Extremity Reconstruction

Microsurgery

Reconstructive Surgery

April 16, 2019

Chubb/WC  
Po Box 42065  
Phoenix, AZ 85080

RE: Jonathan Shockley  
Employer: Biotelemetry  
DOI: 06/25/2018  
Claim #: 040519008736

**TREATING PHYSICIAN'S PROGRESS REPORT/PR2**

Dear Ladies and Gentlemen:

**HISTORY OF INJURY** This patient has been under my care for treatment of his bilateral upper extremity repetitive strain injury. His current occupation requires intensive sustained use of a computer and mouse. This has generated a vague bilateral upper extremity pain that has been refractory to conservative management.

**PRESENT STATUS** Improved.

**CURRENT SUBJECTIVE COMPLAINTS** The patient continues to report pain in multiple locations in the bilateral hands, wrists, and forearms. These symptoms continue to wax and wane relative to his computer use.

**PHYSICAL EXAM** Physical exam is entirely within normal limits. Tinel's sign in the ulnar nerve at the elbow and the median nerve at the wrist is negative bilaterally. Forearm compartments are soft and nontender bilaterally. Wrist and digital range of motion is normal, and sensation is intact distally bilaterally.

**IMPRESSION/DIAGNOSIS** Bilateral upper extremity repetitive strain injury.

**TREATMENT RECOMMENDATIONS** This patient has a clear case of repetitive strain injury affecting his bilateral upper extremities. He has made some adjustments to his ergonomic workstation and has seen some mild improvement in his symptoms. He continues to report that his pain is exacerbated by a computer use. We will maintain his work restrictions from computer use for the next six weeks. He will also continue working with his occupational hand therapist. I can see him back in six weeks for follow-up.

RECEIVED BY: JONATHAN SHOCKLEY ON 2019-04-16 10:21:19 CESTRAL TIME

**Patient Name** Shockley, Jonathan

**Date of Visit** 2019-04-16

Page 2 of 2

**WORK STATUS** Modified duty with no computer use.-

**FOLLOW-UP** I will see him back in six weeks for follow-up. He is approaching Permanent and Stationary status.

Please let me know if I can be of any further help.

Sincerely,

Patrick O Lang, M.D.

Cal Lic #A106890

POL/kt

ELECTRONICALLY SIGNED BY PATRICK O LANG, MD

Executed at San Francisco, CA. Date: 4/17/2019 8:59:18 AM

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated California Labor Code 139.3

**State of California, Division of Workers' Compensation  
REQUEST FOR AUTHORIZATION  
DWC Form RFA**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ New Request ☐ Resubmission – Change in Material Facts  
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health  
☐ Check box if request is a written confirmation of a prior oral request.

**Employee Information**

Name (Last, First, Middle): Jonathan Shockley

Date of Injury (MM/DD/YYYY): 06/25/2018

Date of Birth (MM/DD/YYYY): 1978-09-27

Claim Number: 040519008736

Employer: Biotelemetry

**Requesting Physician Information**

Name: Patrick O Lang, MD

Practice Name: The Hand Center of San Francisco

Contact Name: Kim

Address: 601 Van Ness Ave. #2018

City: San Francisco

State: CA

Zip Code: 94102

Phone: 415-751-4263

Fax Number: 415-359-1925

Specialty: Hand Surgery

NPI Number: 1194966416

E-mail Address: admin@sffhand.com

**Claims Administrator Information**

Company Name: CHUBB/WC

Contact Name: Maria Neish

Address: PO BOX 42065

City: PHOENIX

State: AZ

Zip Code: 85080

Phone: 925-598-6030

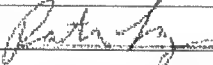
Fax Number: 213-612-5785

E-mail Address:

**Requested Treatment (see instructions for guidance; attached additional pages if necessary)**

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
B/L RSI	M79.641	Ergonomic Evaluation at his workplace		
	M79.642			

Requesting Physician Signature: 

Date: 4/17/19

**Claims Administrator/Utilization Review Organization (URO) Response**

Authorization Number (if assigned):		Date:	
Authorized Agent Name:		Signature:	
Phone:	Fax Number:	E-mail Address:	
Comments:			



Page 3/3

State of California, Division of Workers' Compensation  
REQUEST FOR AUTHORIZATION  
DWC Form RFA

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Dear Ladies and Gentlemen:

**HISTORY OF INJURY** This patient has been under my care for treatment of his bilateral upper extremity repetitive strain injury. His current occupation requires intensive sustained use of a computer and mouse. This has generated a vague bilateral upper extremity pain that has been refractory to conservative management.

**PRESENT STATUS** Improved.

**CURRENT SUBJECTIVE COMPLAINTS** The patient continues to report pain in multiple locations in the bilateral hands, wrists, and forearms. These symptoms continue to wax and wane relative to his computer use.

**PHYSICAL EXAM** Physical exam is entirely within normal limits. Tinel's sign in the ulnar nerve at the elbow and the median nerve at the wrist is negative bilaterally. Forearm compartments are soft and nontender bilaterally. Wrist and digital range of motion is normal, and sensation is intact distally bilaterally.

**IMPRESSION/DIAGNOSIS** Bilateral upper extremity repetitive strain injury.

**TREATMENT RECOMMENDATIONS** This patient has a clear case of repetitive strain injury affecting his bilateral upper extremities. He has made some adjustments to his ergonomic workstation and has seen some mild improvement in his symptoms. He continues to report that his pain is exacerbated by a computer use. We will maintain his work restrictions from computer use for the next six weeks. He will also continue working with his occupational hand therapist. I can see him back in six weeks for follow-up.

**WORK STATUS** Modified duty with no computer use.-

**FOLLOW-UP** I will see him back in six weeks for follow-up. He is approaching Permanent and Stationary status.

Please let me know if I can be of any further help.

Sincerely,

Patrick O Lang, M.D.

Cal Lic #A106890

POL/kt

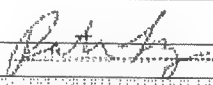
ELECTRONICALLY SIGNED BY PATRICK O LANG, MD

Executed at San Francisco, CA. Date: 4/17/2019 8:59:18 AM

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated California Labor Code 139.3

State of California, Division of Workers' Compensation  
REQUEST FOR AUTHORIZATION  
DWC Form RFA

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<input checked="" type="checkbox"/> New Request <span style="float: right;"><input type="checkbox"/> Resubmission – Change in Material Facts</span>				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): Jonathan Shockley				
Date of Injury (MM/DD/YYYY): 06/25/2018			Date of Birth (MM/DD/YYYY): 1978-09-27	
Claim Number: 040519008736			Employer: Biotelemetry	
<b>Requesting Physician Information</b>				
Name: Patrick O Lang, MD				
Practice Name: The Hand Center of San Francisco			Contact Name: Kim	
Address: 601 Van Ness Ave. #2018		City: San Francisco	State: CA	
Zip Code: 94102		Phone: 415-751-4263	Fax Number: 415-359-1925	
Specialty: Hand Surgery			NPI Number: 1194966416	
E-mail Address: admin@sfhand.com				
<b>Claims Administrator Information</b>				
Company Name: CHUBB/WC			Contact Name: Maria Neish	
Address: PO BOX 42065		City: PHOENIX	State: AZ	
Zip Code: 85080		Phone: 925-598-6030	Fax Number: 213-612-5785	
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration, Quantity, etc.)
Bilateral RSI	M79.641	Hand Therapy, Evaluation and treatment	97003, 97530, 97110, 97112	1x per week, for 6 weeks, total of 6 visits Facility: Golden Gate Hand Therapy TIN: 54-2192724 fax 415-447-3868 ph 415-359-1444
	M79.642			
Requesting Physician Signature: 				Date: 4/26/19
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

**REQUEST FOR AUTHORIZATION  
DWC Form RFA**

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- ☒ New Request ☐ Resubmission – Change in Material Facts  
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health  
☐ Check box if request is a written confirmation of a prior oral request.

**Employee Information**

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Date of Injury (MM/DD/YYYY): 06/25/2018

Date of Birth (MM/DD/YYYY): 1978-09-27

Claim Number: 040519008736

Employer: Biotelemetry

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Name: Patrick O Lang, MD

Practice Name: The Hand Center of San Francisco

Contact Name: Kim

Address: 601 Van Ness Ave. #2018

City: San Francisco

State: CA

Zip Code: 94102

Phone: 415-751-4263

Fax Number: 415-359-1925

Specialty: Hand Surgery

NPI Number: 1194966416

E-mail Address: admin@sffhand.com

**Claims Administrator Information**

Company Name: CHUBB/WC

Contact Name: Maria Neish

Address: PO BOX 42065

City: PHOENIX

State: AZ

Zip Code: 85080

Phone: 925-598-6030


Fax Number: 213-612-5785

E-mail Address:

**Requested Treatment (see instructions for guidance; attached additional pages if necessary)**

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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
B/L RSI	M79.641	Voice generated system		
	M79.642			

Requesting Physician Signature: 

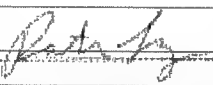
Date: 5/3/19

**Claims Administrator/Utilization Review Organization (URO) Response**

Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

**State of California, Division of Workers' Compensation**  
**REQUEST FOR AUTHORIZATION**  
**DWC Form RFA**

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<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): Jonathan Shockley				
Date of Injury (MM/DD/YYYY): 06/25/2018			Date of Birth (MM/DD/YYYY): 1978-09-27	
Claim Number: 040519008736			Employer: Biotelemetry	
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Zip Code: 94102		Phone: 415-751-4263		Fax Number: 415-359-1925
Specialty: Hand Surgery			NPI Number: 1194966416	
E-mail Address: admin@sffhand.com				
<b>Claims Administrator Information</b>				
Company Name: CHUBB/WC			Contact Name: Maria Neish	
Address: PO BOX 42065		City: PHOENIX		State: AZ
Zip Code: 85080		Phone: 925-598-6030		Fax Number: 213-612-5785
E-mail Address:				
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List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
B/L RSI	M79.641	Voice generated system		
	M79.642			
Requesting Physician Signature: 				Date: 5/3/19
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

**State of California, Division of Workers' Compensation  
REQUEST FOR AUTHORIZATION  
DWC Form RFA**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

Dear Ladies and Gentlemen:

**HISTORY OF INJURY** This patient has been under my care for treatment of his bilateral upper extremity repetitive strain injury. His current occupation requires intensive sustained use of a computer and mouse. This has generated a vague bilateral upper extremity pain that has been refractory to conservative management.

**PRESENT STATUS** Improved.

**CURRENT SUBJECTIVE COMPLAINTS** The patient continues to report pain in multiple locations in the bilateral hands, wrists, and forearms. These symptoms continue to wax and wane relative to his computer use.

**PHYSICAL EXAM** Physical exam is entirely within normal limits. Tinel's sign in the ulnar nerve at the elbow and the median nerve at the wrist is negative bilaterally. Forearm compartments are soft and nontender bilaterally. Wrist and digital range of motion is normal, and sensation is intact distally bilaterally.

**IMPRESSION/DIAGNOSIS** Bilateral upper extremity repetitive strain injury.

**TREATMENT RECOMMENDATIONS** This patient has a clear case of repetitive strain injury affecting his bilateral upper extremities. He has made some adjustments to his ergonomic workstation and has seen some mild improvement in his symptoms. He continues to report that his pain is exacerbated by a computer use. We will maintain his work restrictions from computer use for the next six weeks. He will also continue working with his occupational hand therapist. I can see him back in six weeks for follow-up.

**WORK STATUS** Modified duty with no computer use.-

**FOLLOW-UP** I will see him back in six weeks for follow-up. He is approaching Permanent and Stationary status.

Please let me know if I can be of any further help.

Sincerely,

Patrick O Lang, M.D.

Cal Lic #A106890

POL/kt

ELECTRONICALLY SIGNED BY PATRICK O LANG, MD

**The Hand Center of San Francisco, Inc**

**Kyle D Bickel, MD**

**Patrick O Lang, MD**

Hand and Wrist Surgery

Upper Extremity Reconstruction

Microsurgery

Reconstructive Surgery

May 14, 2019

Mario Castro, Senior Claims Examiner  
Chubb  
Po Box 42065  
Phoenix, AZ 85080

RE: Jonathan Shockley  
DOI: 02/15/2019  
Claim#: 040519008736

Dear Mr. Castro:

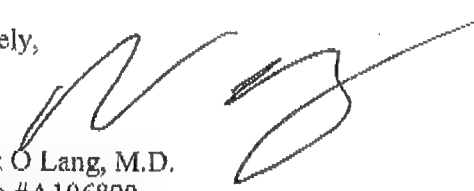
I am writing regarding in response to your correspondence dated May 1, 2019.

Jonathan Shockley has been under my care for treatment of his bilateral upper extremity repetitive strain injury. His symptoms are directly related to his work as a cardiology data analyst. He spends long hours on a computer every day in the course of his normal work. He was put on temporary total disability on his initial visit March 1, 2019 until April 10, 2019. I have agreed to place him on modified duty with the restriction of no computer use until his symptoms improve from April 10, 2019 through June 1, 2019. This is not an open ended work restriction, and we will reevaluate his status when I see him back in the office in a few weeks. My hope is that he will be able to return to work with no restrictions following the next visit, as I have no additional treatment to offer him. He is continuing to work with his occupational hand therapist in the meantime.

In summary, this patient will remain on modified duty with the restriction of no computer use until the first week of June, 2019. At that point, I anticipate that he will be Permanent and Stationary status with no residual work restrictions.

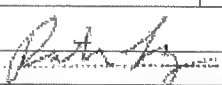
Please contact my office with any additional questions.

Sincerely,

  
Patrick O Lang, M.D.  
CA Lic #A106890  
POL/kt

**State of California, Division of Workers' Compensation  
REQUEST FOR AUTHORIZATION  
DWC Form RFA**

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<input checked="" type="checkbox"/> New Request <span style="float: right;"><input type="checkbox"/> Resubmission – Change in Material Facts</span>				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): Jonathan Shockley				
Date of Injury (MM/DD/YYYY): 02/16/2019			Date of Birth (MM/DD/YYYY): 1978-09-27	
Claim Number: 7173815490			Employer: Biotelemetry	
<b>Requesting Physician Information</b>				
Name: Patrick O Lang, MD				
Practice Name: The Hand Center of San Francisco			Contact Name: Kim	
Address: 601 Van Ness Ave. #2018		City: San Francisco		State: CA
Zip Code: 94102		Phone: 415-751-4263		Fax Number: 415-359-1925
Specialty: Hand Surgery			NPI Number: 1194966416	
E-mail Address: admin@sfhand.com				
<b>Claims Administrator Information</b>				
Company Name: CHUBB/WC			Contact Name: Maria Neish	
Address: PO BOX 42065		City: PHOENIX		State: AZ
Zip Code: 85080		Phone: 925-598-6030		Fax Number: 213-612-5785
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Bilateral RSI	M79.641	Hand Therapy, Evaluation and treatment	97003, 97530, 97110, 97112	2x per week, for 6 weeks, total of 12 visits Facility: Golden Gate Hand Therapy TIN: 54-2192724 fax 415-447-3868 ph 415-359-1444
Requesting Physician Signature: 			Date: 3/5/19	
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
Authorization Number (if assigned):		Date:		
Authorized Agent Name:		Signature:		
Phone:	Fax Number:	E-mail Address:		
Comments:				

Page 3/4

State of California, Division of Workers' Compensation  
REQUEST FOR AUTHORIZATION  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

Dear Ladies and Gentlemen:

I saw this patient today for evaluation of his bilateral hand, wrist, and forearm pain. Thank you for the referral.

**HISTORY OF INJURY** This patient is a 40-year-old right-hand-dominant electrocardiogram technician who reports a several month history of worsening bilateral hand, wrist, and forearm pain. He reports that his job requires very intense and prolonged use of a computer and mouse. The symptoms arose in the setting of at work. He does not recall any other specific history of trauma.

**CURRENT SUBJECTIVE COMPLAINTS** The patient reports vague and diffuse bilateral hand, wrist, and forearm pain.

**PREVIOUS WORK/INJURY HISTORY** The patient reports a prior Achilles tendon injury.

**PAST MEDICAL HISTORY** Patient denies any significant past medical history. Surgical history includes removal of a bone spur from the foot and two prior Achilles tendon operations. Medications include aspirin and Advil as needed. He has no known drug allergies.

**SOCIAL HISTORY** The patient works as an electrocardiogram technician but does extensive data analysis on a computer. He previously worked as a ballet dancer. He does not smoke. He does not drink alcohol.

**PHYSICAL EXAM** Vital signs SPO2 100%, blood pressure 116/59, heart rate 61, respiratory 12, temperature 96.7.

Examination of the bilateral upper extremities reveals no deformity. Tinel's sign in the ulnar nerve at the elbow is negative bilaterally. Forearm compartments are soft and nontender to palpation bilaterally. Finkelstein's test is negative bilaterally. Watson's test is negative bilaterally. Wrist and digital range of motion are normal bilaterally. There is no A1 pulley tenderness or triggering throughout either hand. Sensation is grossly intact distally bilaterally.

**IMPRESSION** 40-year-old man with bilateral upper extremity repetitive strain injury.

**TREATMENT RECOMMENDATIONS** I had a lengthy discussion with the patient regarding his diagnosis of repetitive strain injury. The symptoms are undoubtedly related to his work on a computer. I recommended he begin working with an occupational hand therapist on a repetitive strain protocol. I also talked with him about optimizing his computer workstation ergonomics and using dictation software as much as possible. All questions are answered. I can see him back in 6-8 weeks to reassess his symptoms.

Thank you again for the referral. Please let me know if I can be of any further help.

Sincerely,

Patrick O Lang, M.D.

Cal Lic #A106890

POL/ja

ELECTRONICALLY SIGNED BY PATRICK O LANG, MD

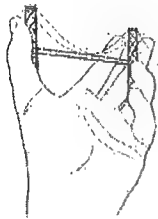
Executed at San Francisco, CA. Date: 3/5/2019 6:42:42 AM

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated California Labor Code 139.3



State of California, Division of Workers' Compensation  
REQUEST FOR AUTHORIZATION  
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.



The Hand Center  
of San Francisco

601 Van Ness Ave., Suite 2018  
San Francisco, CA 94102  
Tel: 415.751.HAND (4261)  
Fax: 415.359.1235



Kyle D Bickel, MD



Patrick O. Lang, MD

HAND THERAPY PRESCRIPTION

Patient: Shackley, Jonathan Date: 3/1/19

Diagnosis: Bilateral RSI

Date of Onset/Surgery: 1/1/19

Treatment: RSI protocol

Splinting: R/L: None

Treatments/Modalities:

☐ ROM

☐ Active

☐ Passive

☐ Edema Control

☐ Wound Care

☐ Massage

☐ Ultrasound

☐ Iontophoresis

☐ Warm/Cold

☐ Taping

☐ Paraffin Bath

☐ Other RSI protocol

☐ Scar/Soft Tissue

☐ Myofascial

☐ Flexor Tendon Rehabilitation

☐ Dupuy

☐ Kleinert

☐ Extensor Tendon Rehabilitation

☐ Nerve Gliding Exercises Nerve: None

☐ Desensitization

☐ Sensory Re-education

☐ Strengthening

☐ Sensory Testing/Mapping

☐ Home Exercise Program (HEP)

Precautions/Restrictions: Φ

Frequency: 1-3 x per week for 6 weeks.

Signature: [Signature]

**State of California, Division of Workers' Compensation**  
**REQUEST FOR AUTHORIZATION**  
**DWC Form RFA**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ New Request ☐ Resubmission – Change in Material Facts  
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health  
☐ Check box if request is a written confirmation of a prior oral request.

**Employee Information**

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

**Requesting Physician Information**

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Bembem G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 x133**

Fax Number: **510-647-5105 or 510-540-6965**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

**Claims Administrator Information**

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

Fax Number: **800-664-1765**

E-mail Address:

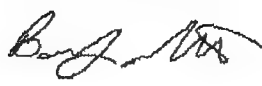
**Requested Treatment (see instructions for guidance, attached additional pages if necessary)**

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm Other soft tissue disorders related to use, overuse and pressure, right forearm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right upper arm	M70.832, M70.831, M70.822, M70.821, Z79.899	12 sessions of Acupuncture for the Bilateral Shoulders, Bilateral Elbows, Bilateral Hands and Bilateral Wrists	97813, 97814, 97026, 97124	
		6 sessions of Massage Therapy for the Bilateral Shoulders, Bilateral Elbows, Bilateral Wrists and Bilateral Hands	97124	

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

 Requesting Physician Signature:		Date: 10/29/2019 at 01:03 PM(PT)
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

DWC Form RFA (Effective 2/2014)

Page 1

**CC:**

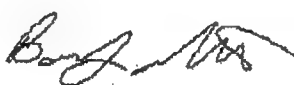
**UR Department (if applicable):**213-612-5785

**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169

**Nurse Case Manager (if applicable):**

**State of California, Division of Workers' Compensation**  
**REQUEST FOR AUTHORIZATION**  
**DWC Form RFA**

**Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.**

<input checked="" type="checkbox"/> <b>New Request</b> <input type="checkbox"/> <b>Resubmission – Change in Material Facts</b>				
<input type="checkbox"/> <b>Expedited Review:</b> Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> <b>Check box if request is a written confirmation of a prior oral request.</b>				
<b>Employee Information</b>				
Name (Last, First, Middle): <b>Shockley, Jonathan</b>				
Date of Injury (MM/DD/YYYY): <b>02/15/2019</b>			Date of Birth (MM/DD/YYYY): <b>09/27/1978</b>	
Claim Number: <b>040519008736</b>			Employer: <b>Biotelemetry, Inc</b>	
<b>Requesting Physician Information</b>				
Name: <b>Dr. Jamasbi, Babak J,</b>				
Practice Name: <b>PRCMG</b>			Contact Name: <b>Bembem G.</b>	
Address: <b>1335 Stanford Ave</b>			City: <b>Emeryville</b>	State: <b>CA</b>
Zip Code: <b>94608</b>	Phone: <b>510-647-5101 x133</b>		Fax Number: <b>510-647-5105 or 510-540-6965</b>	
Specialty: <b>Pain Management</b>			NPI Number: <b>1376637199</b>	
E-mail Address:				
<b>Claims Administrator Information</b>				
Company Name: <b>Chubb Son of Federal Ins Company</b>			Contact Name: <b>Castro, Mario</b>	
Address: <b>P.O. Box 42065</b>			City: <b>Phoenix</b>	State: <b>AZ</b>
Zip Code: <b>85080</b>	Phone: <b>213-612-5378</b>		Fax Number: <b>800-664-1765</b>	
E-mail Address:				
<b>Requested Treatment (see instructions for guidance, attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other long term (current) drug therapy	M70.832, M70.831, M70.822, M70.821, Z79.899	6 sessions of Acupuncture for the Bilateral Hands	97813, 97814, 97026, 97124	
Treatment must be paid under the California OMFS Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0				
Requesting Physician Signature: 				Date: <b>12/02/2019 at 10:16 AM(PT)</b>
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied or Modified (See separate decision letter)</b> <input type="checkbox"/> <b>Delay (See separate notification of delay)</b>				
<input type="checkbox"/> <b>Requested treatment has been previously denied</b> <input type="checkbox"/> <b>Liability for treatment is disputed (See separate letter)</b>				
Authorization Number (If assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	

Golden Gate Hand Therapy  
1700 California St Ste 440  
San Francisco, CA 94109-4592  
Phone: (415)359-1444  
Fax: (415)447-3868

## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 03/18/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 1  
Insurance Name: One Call PT/ Align Networks

Date of Original Eval: 03/18/2019  
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right  
Pain Location: Bilateral hands  
Pain Scale: Worst: 3 Best: 1 Current: 1  
Home Health Care: No  
Mental Status/Cognitive Function Appears Impaired? No

### Objective

#### Objective Findings

Eval completed.

MHP/Paraffin to bilateral hands, MHP to bilateral FA, Intro'd to HEP consisting of FA stretches/CBs/intro to proper positioning and ergo/ducks and penguins

### Assessment

Assessment/Diagnosis: Pt presents with pain and decreased function that affects ability to complete I/ADLs.

Patient Education: Intro'd workstation set up/ergonomics, contrast baths, FA stretches, ducks penguins, CBs

Rehab Potential: Good

#### Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

#### Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

#### Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit  
45 min tx.

*Annie Ting*

**Golden Gate Hand Therapy**  
1700 California St Ste 440  
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## Occupational Therapy Initial Examination

**Patient Name:** Shockley, Jonathan  
**Date of Birth:** 09/27/1978  
**Referring Physician(s):** Lang, Patrick MD  
**Visit No.:** 1

**Date of Initial Examination:** 03/18/2019  
**Injury/Onset/Change of Status Date:** 02/15/2019  
**Diagnosis:** ICD10: M79.641: Pain in right hand, M79.642: Pain in left hand  
**Treatment Diagnosis:** ICD10: M79.641: Pain in right hand, M79.642: Pain in left hand

### Subjective

**Treatment Side:** Left, Right

**History of Present Condition/Mechanism of Injury:** Pt is a RHD Male who uses a mouse for work primarily analyzing EKG; Pt reports over time it got worse on both hands. Pt stopped working 1 month ago because he realized if he kept going, it would get worse. Pt uses a mouse mostly for work.

Pt reports he is not currently very optimistic about going back to work, and will likely return part-time rather than full time. Pt reports most of his coworkers had a bad set up and also had bad posture.

**Pain Location:** Bilateral hands

**Pain Scale:** Worst: 3 Best: 1 Current: 1

**Home Health Care:** No

**Medical History Review:** The patient's occupational profile and medical and therapy history includes a brief history with review of medical and/or therapy records related to the presenting problem.

**Mental Status/Cognitive Function Appears Impaired?** No

### Objective

#### Inspection

#### Patient Consent

Patient/Parent/Guardian Consent Yes

#### Range of Motion

#### Comments

Wrist R L  
Flex 46 60  
Ext 78 78  
UD 37 28  
RD 16 16

#### Strength

#### Comments

R L  
Grip 65, 55 64, 48  
3Pt 10 10  
Lat 16 14

#### Special Tests

#### Comments

Cozen's (-)  
reverse Cozen's (-)  
tinels @ carpal tunnel (-)  
Tinel's @ guyon's canal (-)  
Tinel's at cubital tunnel (-)  
phalen's (-)

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## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 03/20/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 2

Date of Original Eval: 03/18/2019  
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

Insurance Name: One Call PT/Align Networks

### Subjective

Treatment Side: Left, Right  
Current Complaints / Gains: "I'm surprised this injury is lasting so long."  
Home Health Care: No  
Mental Status/Cognitive Function Appears Impaired? No

### Objective

#### Objective Findings

MHP/Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels, STM bilateral FA flexors/extensors, US 0.5 w/cm2 3 MHz R volar distal FA cont, cupping/graston along FA

### Assessment

Assessment/Diagnosis: Pt w/ diffuse discomfort along bilateral FA flexors/extensors; unable to pinpoint specific sites of pain as "everything is painful."

Rehab Potential: Good

#### Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

#### Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

#### Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit  
45 min tx.

F/U w/ cupping/graston and continue if appropriate

*Annie Ting*

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Fax: (415)447-3868

## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 03/25/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 3  
Insurance Name: One Call PT/ Align Networks

Date of Original Eval: 03/18/2019  
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right  
Current Complaints / Gains: "I tried to lift my bed the other day and it was very hard. I can't believe how weak I am with these exercises."  
Home Health Care: No  
Mental Status/Cognitive Function Appears Impaired? No

### Objective

Objective Findings  
MHP/Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels, STM bilateral FA flexors/extensors, US 0.5 w/cm2 3 MHz R volar distal FA cont, cupping/graston along FA, red flexbar pro/sup 15x, 1# wrist curls 15x

### Assessment

Assessment/Diagnosis: Pt quick to fatigue w/ 2# and 1# weights during wrist curls; pt motivated to work on strengthening  
Patient Education: +wrist curls @ home w/ water bottles as weights  
Rehab Potential: Good  
Patient Problems:  
- Decreased function and increased pain affecting ability to complete I/ADLs.  
Short Term Goals:  
1: (2 Weeks) | 1. Pt will be I with HEP |  
Long Term Goals:  
1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10  
2. Pt will understand and implement proper positioning for I/ADLs.  
3. Pt will increase grip strength bilaterally by 10#  
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit  
45 min tx.

Focus on strengthening proximally & distally

*Annie Ting*



Golden Gate Hand Therapy  
1700 California St Ste 440  
San Francisco, CA 94109-4592  
Phone: (415)359-1444  
Fax: (415)447-3868

## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 03/27/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 4  
Insurance Name: One Call PT/ Align Networks

Date of Original Eval: 03/18/2019  
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right

Current Complaints / Gains: Pt reports that he hasn't tested the pain as he is limiting all of his activities. He states that he has minor relief following therapy sessions.

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

### Objective

#### Objective Findings

MHP/Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels, STM bilateral FA flexors/extensors, US 0.5 w/cm2 3 MHz R volar distal FA cont, cupping/graston along FA, red flexbar pro/sup 15x, 1# wrist curls 15x3, reviewed HEP, pt edu on prox strengthening, review of ergo principles.

### Assessment

Assessment/Diagnosis: Weakness in (B) FA's is likely limiting activity tolerance for computer use.

Rehab Potential: Good

#### Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

#### Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

#### Long Term Goals:

- (6 Weeks) | 1. Pt will decrease pain to 0-1/10
- Pt will understand and implement proper positioning for I/ADLs.
- Pt will increase grip strength bilaterally by 10#
- Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit  
45 min tx.

Focus on strengthening proximally & distally

Golden Gate Hand Therapy  
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San Francisco, CA 94109-4592  
Phone: (415)359-1444  
Fax: (415)447-3868

## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 04/01/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 5  
Insurance Name: One Call PT/Align Networks

Date of Original Eval: 03/18/2019  
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right

Current Complaints / Gains: PT states he has started strengthening at home and he was surprised how heavy a 1# weight felt for him

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

### Objective

#### Objective Findings

MHP/Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels, STM bilateral FA flexors/extensors, red flexbar pro/sup 15x, 1# wrist curls 20x each plane, brown gripper 3rd notch 10x bilaterally, intrinsic strengthening adduction, HEP given for putty strengthening ex

### Assessment

Assessment/Diagnosis: Weakness persists in (B) UE, poor tolerance w/ strengthening ex

Rehab Potential: Good

#### Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

#### Short Term Goals:

1: (2 Weeks) | 1. Pt will be l with HEP |

#### Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit  
45 min tx.

F/U purchasing putty for HEP strengthening

*Annie Ting*

Golden Gate Hand Therapy  
1700 California St Ste 440  
San Francisco, CA 94109-4592  
Phone: (415)359-1444  
Fax: (415)447-3868

## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 04/03/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 6  
Insurance Name: One Call PT/Align Networks

Date of Original Eval: 03/18/2019  
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right

Current Complaints / Gains: Pt states he found a putty at home and has been using that for exercises.

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

### Objective

#### Objective Findings

MHP/Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels, STM bilateral FA flexors/extensors, red flexbar pro/sup 20x, 1# wrist curls 20x each plane, red Tband ER/IR/rows 15x bilateral, bicep curls 5# 15x

### Assessment

Assessment/Diagnosis: Better tolerance to strengthening

Rehab Potential: Good

#### Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.
- Decreased function and increased pain affecting ability to complete I/ADLs.

#### Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

2: (2 Weeks) | 1. Pt will be I with HEP |

#### Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |
- 2: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit  
45 min tx.

Cont w/ strengthening as tolerated

*Annie Ting*

Golden Gate Hand Therapy  
1700 California St Ste 440  
San Francisco, CA 94109-4592  
Phone: (415)359-1444  
Fax: (415)447-3868

## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 04/08/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 7  
Insurance Name: One Call PT/Align Networks

Date of Original Eval: 03/18/2019  
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right

Current Complaints / Gains: Pt states he gets flare ups even with the exercises at home. "I ordered these things that I put on my head and it can help me move the mouse and use my phone. It hasn't come in yet. I am surprised at how little I use my phone/computer causes my hands to hurt."

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

### Objective

#### Objective Findings

MHP/Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels, STM bilateral FA flexors/extensors, red flexbar pro/sup 2x20, 1# wrist curls 2x20 each plane, red gripper 5 Kg 10x each plane bilateral, c/p

### Assessment

Assessment/Diagnosis: Low tolerance for strengthening

Rehab Potential: Good

#### Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.
- Decreased function and increased pain affecting ability to complete I/ADLs.

#### Short Term Goals:

- 1: (2 Weeks) | 1. Pt will be I with HEP |
- 2: (2 Weeks) | 1. Pt will be I with HEP |

#### Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |
- 2: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit

Golden Gate Hand Therapy  
1700 California St Ste 440  
San Francisco, CA 94109-4592  
Phone: (415)359-1444  
Fax: (415)447-3868

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Document Date: 04/08/2019

## Daily Note / Billing Sheet

---

45 min tx.

Plan is to cont w/ strengthening as tolerated until the 12th visit and to have minimal computer use -- i.e. no "testing" to see if pt is able to handle more time @ computer.

MD appt is 4/18

*Annie Ting*

Annie Ting  
License #18714

Golden Gate Hand Therapy  
1700 California St Ste 440  
San Francisco, CA 94109-4592  
Phone: (415)359-1444  
Fax: (415)447-3868

## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 04/10/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 8  
Insurance Name: One Call PT/ Align Networks

Date of Original Eval: 03/18/2019

Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right

Current Complaints / Gains: "I got the pointers for the computer but it did not work so I am going to return it. I don't think this condition is psychological at all."

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

### Objective

#### Objective Findings

MHP/Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels, STM bilateral FA flexors/extensors, red flexbar pro/sup 2x20, 1# wrist curls 2x20 each plane, red RB for finger ext 15x, reviewed ergo when at computer

c/p

### Assessment

Assessment/Diagnosis: Low tolerance for strengthening

Rehab Potential: Good

Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.
- Decreased function and increased pain affecting ability to complete I/ADLs.

Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

2: (2 Weeks) | 1. Pt will be I with HEP |

Long Term Goals:

1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10

2. Pt will understand and implement proper positioning for I/ADLs.

3. Pt will increase grip strength bilaterally by 10#

4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

2: (6 Weeks) | 1. Pt will decrease pain to 0-1/10

2. Pt will understand and implement proper positioning for I/ADLs.

3. Pt will increase grip strength bilaterally by 10#

4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit

Golden Gate Hand Therapy  
1700 California St Ste 440  
San Francisco, CA 94109-4592  
Phone: (415)359-1444  
Fax: (415)447-3868

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Document Date: 04/10/2019

## Daily Note / Billing Sheet

45 min tx.

Plan is to cont w/ strengthening as tolerated until the 12th visit and to have minimal computer use -- i.e. no "testing" to see if pt is able to handle more time @ computer.

MD appt is 4/18

*Annie Ting*

Annie Ting  
License #18714

Golden Gate Hand Therapy  
1700 California St Ste 440  
San Francisco, CA 94109-4592  
Phone: (415)359-1444  
Fax: (415)447-3868

## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 04/15/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 9  
Insurance Name: One Call PT/ Align Networks

Date of Original Eval: 03/18/2019

Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right

Current Complaints / Gains: "I just got a new software with a sensor, it has been a great addition but I still get flare up if I do stuffs, but I feel that I am a little stronger, I am seeing the MD tomorrow"

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

### Objective

#### Objective Findings

MHP/Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels 1x20, STM/cupping to bilateral FA flexors/extensors, green flexbar sup 1x10 red flexbar pro 1x10, 2# wrist curls 2x10 each plane, red gripper 1x10 with FA in neutral, continue discussion of increase work breaks throughout the day with decreased computer use. C/P

### Assessment

Assessment/Diagnosis: Pt with low activity tolerance for progressive strengthening ex's. Pt with great progress with stretches but reported continue to have constant diffused pain at B FA and with decreased activity tolerance for functional activities. Pt may benefit from continuing skilled therapy for 1x/wk for 6 wks to inc strength and activity tolerance for work demands and functional ADLs/IADLs.

Rehab Potential: Good

#### Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.
- Decreased function and increased pain affecting ability to complete I/ADLs.

#### Short Term Goals:

- 1: (2 Weeks) | 1. Pt will be I with HEP |
- 2: (2 Weeks) | 1. Pt will be I with HEP |

#### Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |
- 2: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |



Golden Gate Hand Therapy  
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Phone: (415)359-1444  
Fax: (415)447-3868

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Document Date: 04/15/2019

## Daily Note / Billing Sheet

### Plan

Instructions: Progressing Patient Next Visit

45 min tx.  
97140 manual (1) 15 min  
97110 Therex (2) 30 min  
97013 Paraffin (1)

Plan is to cont w/ strengthening as tolerated until the 12th visit and to have minimal computer use -- i.e. no "testing" to see if pt is able to handle more time @ computer.

MD appt is 4/18

*Crystal Wong*

Crystal Wong  
License #19725



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## Daily Note / Billing Sheet Addendum

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 04/17/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 10  
Insurance Name: One Call PT/ Align Networks

Date of Original Eval: 03/18/2019  
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right  
Current Complaints / Gains: "I saw the doctor yesterday and he said no computer use at all"  
Home Health Care: No  
Mental Status/Cognitive Function Appears Impaired? No

### Objective

#### Objective Findings

Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels 1x20, STM/IASTM to bilateral FA flexors/extensors, green flexbar sup/pro 1x15, 2# wrist curls 1x15 each plane, brown calibrated gripper 3rd notch 1x15 in all planes continue discussion of increase work breaks throughout the day with decreased computer use. C/P

### Assessment

Assessment/Diagnosis: Pt with low activity tolerance for progressive strengthening ex's and required multiple breaks throughout ex's.

Rehab Potential: Good

#### Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

#### Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

#### Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit

Golden Gate Hand Therapy  
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Fax: (415)447-3868

**Daily Note /  
Billing Sheet  
Addendum**

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Document Date: 04/17/2019

45 min tx.  
97140 manual (1) 15 min  
97110 Therex (2) 30 min  
97013 Paraffin (1)

Pt may benefit from continuing skilled therapy for 1x/wk for 6 wks for symptoms mgmt, to increase activity tolerance and strength. If you agree with the plan, please send an updated prescription for workers comp approval at your earliest convenience. Thank you for your referral.

Original Note Completed On: April 17, 2019 3:44pm  
Addendum Completed On: April 18, 2019 1:04pm

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Fax: (415)447-3868

## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 04/22/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 11  
Insurance Name: One Call PT/ Align Networks

Date of Original Eval: 03/18/2019  
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right  
Current Complaints / Gains: "Everyone is about the same"  
Home Health Care: No  
Mental Status/Cognitive Function Appears Impaired? No

### Objective

#### Objective Findings

Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels 1x20, STM/IASTM to bilateral FA flexors/extensors, green flexbar sup/pro 1x20, 2# wrist curls 1x15 each plane, green calibrated gripper 15kg 1x10 in all planes. C/P

### Assessment

Assessment/Diagnosis: Pt continues to have low activity tolerance for progressive strengthening ex's and required multiple rest breaks throughout. Pt advised to continue with FA stretches, tightness with R extrinsic extensors > L.

Rehab Potential: Good

#### Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

#### Short Term Goals:

- 1: (2 Weeks) | 1. Pt will be I with HEP |

#### Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit

45 min tx.

97140 manual (1) 15 min

97110 Therex (2) 30 min

97013 Paraffin (1)

*Crystal Wong*

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## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 04/24/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 12  
Insurance Name: One Call PT/Align Networks

Date of Original Eval: 03/18/2019  
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right  
Current Complaints / Gains: "Things are about the same, but I know things are feeling better."  
Home Health Care: No  
Mental Status/Cognitive Function Appears Impaired? No

### Objective

#### Objective Findings

Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels 1x20, STM/IASTM to bilateral FA flexors/extensors, green flexbar sup/pro 12x, 2# wrist curls 15x each plane, 3rd notch gripping 15x each plane bilateral, hammer 15x pro/sup, gyroball for 20 seconds each hand, C/P

### Assessment

Assessment/Diagnosis: Pt needed verbal cues to keep weights close to body when performing wrist curls, as pt tends to extend elbow straight. Pt continues to fatigue easily w/ strengthening ex.

Rehab Potential: Good

#### Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

#### Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

#### Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit

45 min tx.  
97140 manual (1) 15 min  
97110 Therex (2) 30 min  
97013 Paraffin (1)

*Annie Ting*

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## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 05/03/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 13  
Insurance Name: One Call PT/ Align Networks

Date of Original Eval: 03/18/2019  
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right

Current Complaints / Gains: "Things are about the same, but I know things are feeling better."

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

### Objective

#### Objective Findings

Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels 1x20, STM/IASTM to bilateral FA flexors/extensors with FA stretches, green flexbar sup/pro 15x, 2# wrist curls 2x15 each plane, true balance for B UE. red gripper 10kg 1x15 with FA in neutral. C/P

### Assessment

Assessment/Diagnosis: Pt continues to fatigue easily w/ strengthening ex and continues with B FA extrinsic extensors tightness L>R.

Rehab Potential: Good

#### Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

#### Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

#### Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit

45 min tx.

97140 manual (1) 15 min

97110 Therex (2) 30 min

97013 Paraffin (1)

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## Daily Note / Billing Sheet

**Patient Name:** Shockley, Jonathan  
**Date of Birth:** 09/27/1978  
**Referring Physician(s):** Lang, Patrick MD

**Date of Daily Note:** 05/15/2019  
**Injury/Onset/Change of Status Date:** 02/15/2019  
**Diagnosis:** ICD10: M79.641: Pain in right hand, M79.642: Pain in left hand  
**Visit No.:** 15  
**Insurance Name:** One Call PT/ Align Networks

**Date of Original Eval:** 03/18/2019  
**Treatment Diagnosis:** ICD10: M79.641: Pain in right hand, M79.642: Pain in left hand

### Subjective

**Treatment Side:** Left, Right  
**Current Complaints / Gains:** "Things are about the same but my R seems a little more flare up the past two days."  
**Home Health Care:** No  
**Mental Status/Cognitive Function Appears Impaired?** No

### Objective

#### Objective Findings

Paraffin to bilateral hands, MHP to bilateral FA, STM to bilateral FA flexors/extensors with FA stretches, green flexbar sup/pro 2x10, hand helper 2 RB 1x15 for L and 1x 15 for R due to pt request of less strain on R side today. 2# wrist curls 2x15 each plane, medium soft putty composite grip 1x10 for B hand. C/P post tx.

### Assessment

**Assessment/Diagnosis:** Pt with poor activity tolerance for progressive strengthening ex's and require multiple rest break to complete ex's. continues to have bilateral FA pain w/ functional use

**Rehab Potential:** Good

#### Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

#### Short Term Goals:

- 1: (2 Weeks) | 1. Pt will be I with HEP |

#### Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

**Instructions:** Progressing Patient Next Visit

45 min tx.

3/6 authorized

97140 manual (1) 15 min

97110 Therex (2) 30 min

97013 Paraffin (1)

*Crystal Wong*

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Phone: (415)359-1444  
Fax: (415)447-3868

## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 05/22/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 16  
Insurance Name: One Call PT/ Align Networks

Date of Original Eval: 03/18/2019  
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right

Current Complaints / Gains: "I tested it this past week and had a flare up especially in my R side after using my phone for half an hour. I have no idea what I am going to do job-wise, maybe I will become homeless. This is very depressing."

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

### Objective

Objective Findings

Paraffin to bilateral hands, MHP to bilateral FA, STM to bilateral FA flexors/extensors with cupping, green flexbar sup/pro 2x10, 5# hand gripper 10x each side, C/P post tx

Post-Treatment

Grip  
L 63#  
R 72#

### Assessment

Assessment/Diagnosis: Pt presents w/ compromised circulation which may be affecting healing process for pt. Noted that after 30 seconds to 1 min of cupping, pt's skin immediately blanched. Typical clinical observation with other patients have shown that skin stays red for the next ~5 minutes at minimum post-cupping

Although pt's grip measurement on R side has gone up since initial visit, pt continues to have poor activity tolerance for progressive strengthening ex's and require multiple rest break to complete ex's. Continues to have bilateral FA pain w/ functional use

Rehab Potential: Good

Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit



Golden Gate Hand Therapy  
1700 California St Ste 440  
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Phone: (415)359-1444  
Fax: (415)447-3868

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Document Date: 05/22/2019

## Daily Note / Billing Sheet

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45 min tx.  
4/6 authorized

97140 manual (2) 30 min  
97110 Therex (1) 15 min  
97013 Paraffin (1)

F/U w/ MD appt

*Annie Ting*

Annie Ting  
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## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 05/29/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 17  
Insurance Name: One Call PT/Align Networks

Date of Original Eval: 03/18/2019  
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right

Current Complaints / Gains: "I saw Dr. Lang yesterday and he said this is just going to take a long time. He writes to Workers comp that the condition may not improve for the next 1-2 years and will require a long time to heal"

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

### Objective

#### Objective Findings

Tx included: Paraffin to bilateral hands, MHP to bilateral FA on foam roller, STM to bilateral FA flexors/extensors with cupping, green flexbar sup/pro 2x10, 2# wrist in all planes 2x12, 15kg hand gripper 12x each side, C/P post tx

#### Post-Treatment

Grip  
L 63#  
R 72#

### Assessment

Assessment/Diagnosis: Pt presents w/ compromised circulation which may be affecting healing process for pt. Pt continues with poor activities tolerance and requires multiple rest breaks when completed strengthening ex's. Pt may benefit from continuing therapy for 1x/wk for 6 wks to increase activity tolerance for strengthening and symptoms mgmt.

Rehab Potential: Good

#### Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

#### Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

#### Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit

Golden Gate Hand Therapy  
1700 California St Ste 440  
San Francisco, CA 94109-4592  
Phone: (415)359-1444  
Fax: (415)447-3868

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Document Date: 05/29/2019

## Daily Note / Billing Sheet

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45 min tx.  
5/6 authorized

97140 manual (2) 30 min  
97110 Therex (1) 15 min  
97013 Paraffin (1)

F/U w/ MD appt

*Crystal Wong*

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License #19725

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## Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan  
Date of Birth: 09/27/1978  
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 06/05/2019  
Injury/Onset/Change of Status Date: 02/15/2019  
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:  
Pain in left hand  
Visit No.: 18  
Insurance Name: One Call PT/ Align Networks

Date of Original Eval: 03/18/2019

Treatment Diagnosis: ICD10: M79.641: Pain in right hand,  
M79.642: Pain in left hand

### Subjective

Treatment Side: Left, Right

Current Complaints / Gains: "My worst pain is 6/10 and at the best it's always low level pain 1/10 and I always feel it. With doing daily activities it causes low grade pain. I will be going to a 10 day meditation retreat at the end of the month which will be nice for the hands. My right is worse but my left can definitely get to that level."

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

### Objective

Objective Findings

Tx included: Paraffin to bilateral hands, MHP to bilateral FA, STM to bilateral FA  
flexors/extensors with cupping, 2# wrist in all planes 2x12, C/P post tx

Post-Treatment

5/29  
Grip  
L 63#  
R 72#

### Assessment

Assessment/Diagnosis: Pt presents w/ compromised circulation which may be affecting healing process for pt. Pt continues with poor activities tolerance and requires multiple rest breaks when completed strengthening ex's. Pt w/ minimal improvement at this point of therapy and may benefit from seeing alternative treatment options.

Rehab Potential: Good

Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

Long Term Goals:

1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10

2. Pt will understand and implement proper positioning for I/ADLs.

3. Pt will increase grip strength bilaterally by 10#

4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

### Plan

Instructions: Progressing Patient Next Visit

**Golden Gate Hand Therapy**  
 1700 California St Ste 440  
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 Phone: (415)359-1444  
 Fax: (415)447-3868

**Patient Name:** Shockley, Jonathan  
**Date of Birth:** 09/27/1978  
**Document Date:** 06/05/2019

## Daily Note / Billing Sheet

45 min tx.  
 6/6 authorized

97140 manual (2) 30 min  
 97110 Therex (1) 15 min  
 97013 Paraffin (1)

F/U w/ MD appt

*Annie Ting*

Annie Ting  
 License #19714